

Retail Food Inspection Report

Floyd County Health Department


Telephone (812) 948-4726

Establishment Name TACO BELL NO. 33583	Telephone Number Est 812-748-2248 Own (812) 945-9810	Date of Inspection 08/31/2021	ID#
Address 100 DAISY SUMMIT DR, NEW ALBANY IN 47150	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 09/10/2021
Owner C.M. SMITH RESTAURANTS, INC/ CLINTON SMITH		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 5140 CHARLESTOWN RD., SUITE 4 NEW ALBANY, IN 47150-			
Person in Charge ERIN BRANGERS			
Responsible Person's Email RS033583@TACOBELL.COM			
Certified Food Handler DANA SHEPARD			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
324		X		Observed ice buildup on pipes of condensing unit in walk in freezer.	8/7/21

Summary of Violations C 0 NC 1 R 0

Received by (name and title printed): ERIN BRANGERS	Inspected by (name and title printed): Christa Manus EHS
Received by (signature):	Inspected by (signature): 
cc:	cc: